

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039781

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5575

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 3 298

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12 90-2

13

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF
Bowden

FILED OCT 24 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

1 year

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

7505 E 87th Street

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY OR TOWN

Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

1426 Summit

(If outside, give location)
Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Ona

Middle

Harold

Last

Birks

4. DATE OF DEATH

Month

Oct 13

Day

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-29-1882

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Conductor (Retired)

10b. KIND OF BUSINESS OR INDUSTRY

Street car

11. BIRTHPLACE (City and state or country)

Armstrong mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Ethel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs. Robt Hatzell

Address

Raytown mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Infarction of medulla oblongata
Generalized debility

INTERVAL BETWEEN ONSET AND DEATH

1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Carcinoma of Prostate

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-24-62 to 10-13-63 and last saw him alive on 9-16-63

Death occurred at 5:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. K. Bowden DO

22b. ADDRESS

9140 E 50 Highway KC 331

22c. DATE SIGNED

10-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10-13-1963

23c. NAME OF CEMETERY OR CREMATORY

Blue Springs Cem

23d. LOCATION (City, town, or county)

Blue Springs mo

24. FUNERAL DIRECTOR

Webb Funeral Home

ADDRESS

Blue Springs mo

25. DATE RECD. BY LOCAL REG.

10-15-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1991-00-000

72

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed William Free

Licensed Embalmer No. 4733

P. O. Address Blue Springs Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.